U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

F	or Official Use Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number U · COYT	2. Fiscal Year Covered From:
/	01 / 01 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name Jack R Bookter	Name Team5ters Local 278
	Labor Organization File Number 034,030
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
	1 10. 2014 Sanding and 100m Hamber, it any
Street 5 Thomas Mellon Circle, Suite 130	Street 5 Thomas M0llon Circle, Suite 130
City San Francisco	City San Francisco
State California ZIP Code + 4 94134	State California ZIP Code + 4 94134
5. Position in labor organization. Secretary-Treasurer	
Enter appropriate data below if, during the past fiscal year, you or your spo	ouse or minor child directly or indirectly had any of the following interests lusions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or	derived income or other economic benefit of
monetary value from an employer whose employees your organizat	tion represents or is actively seeking to represent.
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name NONE	No benefits were received from any Employer under "A".
Trade Name, if any:	Emproyer under A.
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street	
City	70.00
	\$0.00
State ZIP Code + 4	
	nature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompan undersigned's knowledge and belief, true, correct, and complete. (See the se	iving documents), has been examined by the signatory and is, to the best of the
Signed Jack R. Bookk	On 08/05/05 (415) 467-0450
- Income	Date Telephone Number
Form LM-30 (2003)	Page 1 of 2
	rage 1012

Name of Person Filing Jack R. Bookter	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, or irectly to, or otherwise	
8. Name and address of Business (including trade name, if any).  Name Northwest Administrators  Trade Name, if any: Pacific Coast Benefits Trust  P.O. Box, Bldg., Room No., if any  Street 2323 Eastlake Avnue E.  City Seattle  State Washington ZIP Code + 4 98102-3393	9. Business deals with:  a. Labor Organization  X b. Trust  c. Employer  11.a. Nature of such dealing.  Administrative services	
Name Pacific Coast Benefits Trust  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 2323 Eastlake Avenue E.	Administrative services	
	11.b. Approximate dollar value of such dealing.	\$139.62
City   Seattle	12.a. Nature of interest held or income received.	
State Washington ZIP Code + 4 98102-3393	See continuation page	
	12.b. Amount.	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name NONE		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	\$0.00

Name of Person Filing			T2'1 NT 1 ET		
ranic of Letson Linis	Jack R.	The all-Lane	File Number U-	-	
	Jack -K.	Bookter			
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## Part B Continuation Page

consists of buying from, selling or leasing to, or of organization represents or is actively seeking to re	mic benefit with monetary value from a business (1) a substantial part of which therwise dealing with the business of an employer whose employees your labor expresent, or (2) any part of which consists of buying from or selling or leasing your labor organization or with a trust in which your labor organization is
8. Name of Business from Pg:	12.a. Nature of interest held or income received (con't from Pg. 2):  In the course of Trust meetings, of which I am a Trustee, I received a total of \$139.62 (See attached)
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## PACIFIC COAST BENEFITS TRUST 2004 MEETING EXPENSES

## JACK BOOKTER

"Items of Value" Not Expensed By You	Expensed By You			
Meeting Date	Expense Date	Benefit	A	Amount
2/12 - 2/13	2/11/2004	Dinner	မှာ	24.59
2/12 - 2/13	2/12/2004	Continental Breakfast	ક્ક	17.64
2/12 - 2/13	2/12/2004	Dinner	⇔	51.20
2/12 - 2/13	2/13/2004	Continental Breakfast	ક્ક	15.19
9/29/2004	9/29/2004	Quinn Luncheon	₩	31.00
Expenses for which Y Meeting Date	Expenses for which You Submitted an Expense Report Meeting Date Expenses Description	Report	& 	Amount
			,	